

DPHHS-HSC/CC-016  
(Rev 01/11)

## Best Beginnings Child Care Scholarship Program

### CHANGE REPORT FORM

CCR&R ELIGIBILITY SPECIALIST STAFF ONLY	
CASE / CASE EVENT NUMBER	
HEAD OF HOUSEHOLD NAME	
ELIGIBILITY BEGIN DATE	ELIGIBILITY END DATE
ELIGIBILITY DETERMINATION DATE	R&R DATE STAMP
CASE EVENT WORKER NAME	

A Best Beginnings Child Care Scholarship family is required to report, in writing, any change that may affect eligibility to the Child Care Resource and Referral Agency (CCR&R) either before the change or within ten (10) calendar days of the change. Reporting changes to any other office or agency does not satisfy this reporting requirement.

**You are required to report changes in any of the following:**

- Change of Child Care Provider [**this must be reported within 1 day of the change**]
- Physical Address, Mailing Address, and Phone Number
- Employment, of any household member - including loss of employment, change in jobs, or reduction in hours below 120 or 60 hour per month
- School Attendance, of any household member
- Child Support – including the opening or closing of a case, change in amount of support received, or change to a good cause claim

**Failure to report changes, in writing, within 10 days to the CCR&R may result in the following**

- Loss of the child care scholarship
- Repayment of child care scholarship funds received during the period of ineligibility

TANF participants may provide the CCR&R with a copy of an equivalent change report form, only if it contains all the information required for the child care scholarship program.

### CERTIFICATION AND SIGNATURE

This information is correct and complete to the best of my knowledge. I understand that the information provided may result in a change, or the end, of my child care scholarship. If the scholarship is reduced before the current child care certification plan ends, notice will be mailed 15 days before my scholarship is reduced.

Please Sign & Date	Name:	Date
	Signature:	

### PLEASE MARK ALL CHANGES THAT APPLY and complete the required information

#### ☐ CHANGE IN CHILD CARE PROVIDER

- A change in provider must be reported prior to or within one (1) day of the change
- Attach the Child Care Service Plan Information from DPHHS (DPHHS-HCS/CC-015), completed by both the parent and the provider

<u>OLD</u> Provider Name	Provider ID: <b>PV</b>	Date Care Ended
<u>NEW</u> Provider Name	Provider ID: <b>PV</b>	Date Care Began

☐ **CHANGE OF ADDRESS or PHONE NUMBER**

NEW Physical Address (include city, state and zip)	Effective Date
NEW Mailing Address, if different from physical address (include city, state and zip)	Effective Date
NEW Phone Number	Effective Date

☐ **CHANGE IN EMPLOYMENT OF ANY MEMBER OF THE HOUSEHOLD**

*A Release of Information/Request for Work Verification must be completed and signed by the employer and returned to the CCR&R.*

Name of Household Member Affected	Start Date at New Job
New Employer (name, address and telephone number)	<div style="display: flex; justify-content: space-between;"> <div>Hourly Wage</div> <div>Hours per week</div> </div>

☐ **LOSS OF EMPLOYMENT OR REDUCTION IN WORK HOURS**

- To less than 60 hours per month for a single parent family or
- To less than 120 hours per month for a two parent family

Name of Household Member Affected	Name of Employer
<input type="checkbox"/> Hours Reduced <input type="checkbox"/> Lost Job	<div style="display: flex; justify-content: space-between;"> <div>Last day of work or date of schedule change</div> <div>Date Final Check Received</div> </div>
Reason job ended (quit, fired, laid off, other) or decrease. If you quit, please explain why.	
Are you requesting a 30-Day Grace Period to find new employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	

☐ **CHANGE IN SCHOOL ATTENDANCE**

- If starting school *A Release of Information/Request for School/Training Verification* form needs to be completed

Name of Student	Date Started School
Name of School	Date Stopped School

☐ **ADDITION OR LOSS OF A HOUSEHOLD MEMBER**

- Attach any proof of income (if applicable) and if over 18 years of age, work and/or school schedules.
- If member entered household, include date of birth and social security number
- *An Adult or Child Household Member Information Form* must be completed

Name of Person	Relationship to Applicant
<div style="display: flex; justify-content: space-between;"> <div>Date of Birth</div> <div>SS#</div> </div>	<div style="display: flex; justify-content: space-between;"> <div>Date Moved In</div> <div>Date Moved Out</div> </div>

☐ **CHANGE IN CHILD SUPPORT**

Child support case number	What has changed?
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☐ **OTHER CHANGES?**

Describe
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